

# FINAL BILL REPORT

## SHB 1308

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C 82 L 09  
Synopsis as Enacted

**Brief Description:** Reducing organ transplant benefit waiting periods based upon prior creditable coverage.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Driscoll, Hinkle, Cody, Sells, Wood, Morrell, Kelley, Clibborn, Moeller, Pedersen, Hudgins, Ormsby, Parker, Chase, Kenney, Goodman, Bailey, Simpson, Herrera and Nelson; by request of Insurance Commissioner).

**House Committee on Health Care & Wellness**  
**Senate Committee on Health & Long-Term Care**

**Background:**

A pre-existing condition exclusion is a limitation or exclusion of benefits relating to a condition based on the fact that the condition was present before the date of enrollment for such coverage. Under state and federal law, an insurance company may impose a waiting period before a new policyholder is covered for certain pre-existing conditions. An insurance company may also impose a separate waiting period for an organ transplant.

If an employer or an individual changes health plans and the new coverage begins within 90 days, then his or her prior coverage applies toward the new plan's pre-existing condition waiting period. However, if a person needs an organ transplant, his or her previous coverage may not apply toward the separate transplant waiting period. Consequently, such a person may need to go through another full organ transplant waiting period.

**Summary:**

For any new or renewed health benefit plan, a health carrier must reduce any organ transplant benefit waiting period by the amount of time a covered person had prior creditable coverage. (Consequently, if a person has less than a 90-day break in health coverage, the amount of time he or she has spent waiting for a transplant under the former health plan must carry over to the new health plan.) This requirement applies to any plan issued or renewed on or after January 1, 2010.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

The definition of "creditable coverage" means the same as set forth in the federal Health Insurance Portability and Accountability Act (HIPAA), as it exists on this act's effective date, or on such subsequent date as may be provided by the Insurance Commissioner by rule, consistent with the purposes of the bill.

**Votes on Final Passage:**

House 97 0

Senate 46 0

**Effective:** July 26, 2009